

**24-HOUR FOUR HOUR DRIVING SAFETY FOR DRIVERS YOUNGER THAN 25 (DS4)
INSTRUCTOR DEVELOPMENT COURSE
STUDENT INSTRUCTION RECORD**

This form must be signed by the DS4 course provider; and the original submitted with instructor license application.

Name of Trainee: _____ DL#: _____ Phone: (_____) _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

16 INSTRUCTIONAL HOURS: *Techniques of instruction, in-depth familiarization with curriculum materials, etc.*

Location where instructional IDC training occurred: _____
Street Address City State

| Date Instruction Occurred | Lesson Time (Hours) | Subject Taught | Grade (Aptitude & Development) | Signature of IDC-DSIT | TDLR License # |
|-------------------------------------|---------------------------|---|--------------------------------------|-----------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Hours: (Minimum 16) | | Name of Four Hour Driving Safety Course: | | | |

I certify that all the training dates, hours of training, and signatures on this 16 hour DS4 IDC training record are true and correct to the best of my knowledge and belief, and I understand that by submitting false or misleading information on this training record I may be subject to suspension, denial, or revocation of my driving safety instructor license.

X _____ X _____
Signature of IDC Instructor Trainer Signature of Trainee

8 PRACTICAL TEACHING HOURS: *Eight hours of training are required. Observation will not be considered as valid training. Only actual time of instruction under the observation of an instructor trainer will be accepted for practice teaching and/or other specialized training. NOTE: Graduation reports for the classes where practice teaching and/or other specialized training occurred must accompany this training record.*

| Date of Practice Teaching | Lesson Time (Hours) | Location | Grade (Aptitude & Development) | Signature of DSIT | TDLR License # |
|------------------------------------|---------------------------|--|--------------------------------------|-------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Hours: (Minimum 8) | | <input type="checkbox"/> Practice Teaching | | | |

I certify that all the training dates, hours of training, and signatures on this 8 hour training record are true and correct to the best of my knowledge and belief, and I understand that by submitting false or misleading information on this training record I may be subject to suspension, denial, or revocation of my driving safety instructor license.

X _____ X _____
Signature of Driving Safety Instructor Trainer Signature of Trainee

X _____
Signature of Course Provider or Designated Representative Date